

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	2					
15						
16	1					
17	1					
18	1					
19	2					
20	0					
21	0					
22	2					
23	2					
24	0					
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50						
TOTAL IND.	1					
TOTAL DEP.	27					
TOTAL CLAIMS	28					

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					